



SARAH STEELMAN, MISSOURI STATE TREASURER
STATE OF MISSOURI GENERAL TIME DEPOSIT APPLICATION
P.O. BOX 210, JEFFERSON CITY, MO 65102
(573) 751-2372 FAX (573) 751-2177

Financial Institution _____

Primary Contact _____

E-Mail Address _____

Secondary Contact _____

Mailing Address _____

City

State

Zip

Phone # _____ Fax # _____ County _____

DEPOSIT INFORMATION

(check one) ___ Renewal Application Maturity Date of Current Deposit _____

or

___ New Application Desired Date of Funding _____

Are you willing to accept a Recurring Deposit Only ___ or also Non-recurring Deposits ___?
(NOTE: Although they are typically renewed, there is no guarantee that a Recurring Deposit will be automatically approved.)

Deposit Amount Requested _____ Deposit Term Desired _____

Community Reinvestment Act (CRA) Rating _____

QUALIFYING ACTIVITY

Describe your financial institution's participation in the following areas (use additional sheet if necessary):

- a) Local economic development efforts
- b) Small business lending programs
- c) Affordable housing lending programs
- d) Credit counseling and financial education services to consumers, children, students or small businesses
- e) Attraction of deposits or banking relationships from low and moderate income areas



**SARAH STEELMAN, MISSOURI STATE TREASURER
BIG MISSOURI GENERAL FUNDS APPLICATION**

Please indicate year-end loan to deposit ratios for the last 3 years. Please explain any significant changes:
(To be eligible, the loan to deposit ratio must exceed 50%.)

CERTIFICATION

I hereby certify that all information in this application is factual and understand that it is subject to verification.

I understand that this document will not obligate either party until the actual offer and acceptance of the deposit.

I understand that each financial institution is eligible for a total of deposit dollars not to exceed that financial institution's equity capital.

FOR LENDING INSTITUTION:

(Type or print name of signatory)

(Signature)

(Title)

ATTEST:

(Cashier or Secretary)

(Date)

TERMS OF APPROVAL:

(to be completed by the Treasurer's Office)

Amount Approved for Deposit: \$ _____

Current Deposits \$ _____ Equity Capital \$ _____

Additional terms: _____

Approved: _____

Missouri State Treasurer

Date